WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support
Bureau of Welfare Initiatives

BWI OPERATIONS MEMO

No.: 99-05

File: 2899

Date: 01/15/99

Non W-2 [x] W-2 [ ] CC [ ]

PRIORITY: Medium

TO: **Economic Support Supervisors**
Economic Support Lead Workers
Training Staff
FSET Administrative and Provider Agencies
Child Care Coordinators
W-2 Agencies

FROM: Stephen M. Dow
Program Implementation Team
Policy Analysis and Program Implementation Section

SUBJECT: **FOOD STAMP PROGRAM - QUESTIONS AND ANSWERS FROM RECENT TRAINING SESSIONS**

CROSS REFERENCE: **Food Stamp Handbook** (FSHB)
Income Maintenance Manual (IMM)
Child Day Care Manual (CCDM)
BWI Operations Memos 97-113 and 98-58.

The Division of Economic Support (DES) has received the following questions from the statewide Food Stamp Error Reduction Training. The Division has answered all of the questions received to date and provides them for your review. You will notice this Q&A document contains page and question references; these references refer to the training packet that all Food Stamp (FS) workers were given at their training. DES has answered all of the questions; however, many policies have already changed since the training. Therefore, the new policies or references to the new policies (FSHB Releases), are included in the answer. Please refer any questions or concerns about this Operations Memo to:

Tom Van Ess
Office of Quality Assurance
608-266-8628
vanesth@dwd.state.wi.us

FOOD STAMP ERROR REDUCTION Q&A

Q1: There are very serious concerns about what a worker should do about a report of an anticipated increase in income. If a recipient (or an applicant) reports that they will receive an increase in income or begin to receive income in the near future, should the worker make a new best estimate and enter it into CARES even if it is not verified information, so that the client will not receive food stamps that they would not be entitled to? Please give a lot of explanation about this particular situation. The example that best fits the concerns is if the recipient reports just a few days before adverse action that they will have a significant increase in income, but it is not verified by adverse action, can/should they enter it without verification to make it affect the next month's benefits? Do we have to have the reported increase verified? Do we have to give the client ten days to verify? Here is a related problem. If a client reports an increase in income that will put them over the gross income limit, what should the worker put into CARES? If they enter the new dollar figure with a question mark for verification, CARES will not pend the information and will not give a verification request. CARES will apply the income, even with the "?" and close the program.

A1: If a recipient (or applicant) reports a change, the worker is required to enter the new information with a "?" in the verification field and run SFED. If the change puts the recipient over the gross income or asset levels for a program, that program will fail and the worker will be able to confirm the closure on AGEC. No verification is necessary. If the income or asset is below the gross level, a verification request letter will be issued and the recipient has 10 days to verify the change. Benefits will continue to be issued at the last confirmed amount. When the verification is received, enter the correct verification code in place of the "?" and run SFED. If after 10 days the required verification is not received, the worker will receive an alert and must place an "NV" in the verification field and run SFED. The affected program of assistance will be reduced or discontinued.

The client is responsible for providing verification of an increase in wages or other pertinent changes.

Failure to act on alerts related to the 10-day verification period will be considered agency preventable error.

Q2: Page 11. The material states that collateral contact should only be used if the applicant/recipient gives permission to contact a collateral contact. The author of this unit stated that she was directed to state it this way. Is there any policy related to these words?

A2: IMM Chapter I, Part E, 6.2.2.2 and Chapter II, Part D, 4.0.0 and 4.1.0. Correctly stated in training packet. Workers are not to contact collateral sources for verification that the client could provide.

Q3: Page 13. The verification time limit for application is thirty days. The IMMl states that we must receive verification of application for a SSN within 25 days. Can/should we deny an individual's eligibility after 25 days for failure to cooperate with SSN?

A3: Must always be given 30 days.

Q4: Page 25. Does the dollar amount that appears on DXDU reflect the amount before or after any child support intercept has been taken out?

A4: The gross amount is actually the "Total UC in report month" amount. The "Paid Amount" is the net amount of UC paid.

Q5: Page 44. Regarding exception 3, adults and minor children. Some people have suggested that once people fit into this circumstance for food stamps, it takes on the rules of parent and child, so that they cannot be a separate food unit until the minor turns 22 and has children of their own. There is no such stated policy, so they want to ask if that is the intent, or if it is a correct interpretation.

A5: Only the parent/child relationship applies up to age 22. Otherwise, if it is not a parent/ child relationship they can be separate food units when the child is age 18.

Example: Aunt is PP caring for her 17-year-old niece and both are receiving FS. When niece turns 18 she can be a separate FS unit if they purchase and prepare separately.

Q6: Page 44. Regarding exception 4, siblings and siblings. It states (as in the FSHB) that a person may be separate if they are over 60, blind or disabled, or if they are not, if everybody else in the household is. Some take that "everybody else" very literally, and some think it only applies to the siblings. If ANY other person, not necessarily a sibling, is not over 60, blind or disabled, must the siblings all be together?

A6: Please refer to FSHB release 98-04, Appendix 1.2.2 and 1.2.2.1

Q7: Page 45. Regarding exception 5, parents and adult children. In the second paragraph, it addresses parents over 60 and their adult children with no minor children of their own. Do those adult children have to be over age 22, or is the only criterion the parent's age?

A7: The parent's age does not matter, but the child must be over age 22, and they must purchase and prepare separately. Please refer to FSHB release 98-04.

Example 1: A parent lives with his 20-year-old daughter. They must be in the same Food Stamp unit.

Example 2: A parent lives with his 23-year-old daughter. They can be separate food units if they purchase and prepare separately.

Q8: Page 58. Policy states that we should only start using income after they receive the payment. If a person receives a payment regularly every six months, they apply for food stamps in the third month of this payment cycle, what would we use as income for the application month and the two following months?

A8: Use an average of the income the person receives every six months. This is the best estimate of what they will receive in the future. The key word here is regular and predictable. If income is regular and predictable, even if it only comes every 2, 3, 6, etc., months, it should be averaged and counted as income.

Q9: Page 62. When does a change actually occur? IMM Chapter 1, Part B, 16.1.0 uses the term "occur". For example, if a person knows that they will receive a pay raise in 2 months, what is the date of the change, and when does the person have to report it? Is it the day they find out about it, the day they first work for the new rate, or the day they get the first check paid for the new rate?

A9: The date the change takes place. That is, the date the job starts, the date the person moves in, the date the baby is born.

Q10: Page 63. Regarding person add. Where is the current person add policy stated? The packet indicates that we will supplement for the next month if the person is added after adverse action. Is the policy to supplement back to the date the person was reported added to the group, regardless of whether it was reported timely or untimely? Please explain what should be done if the person's addition to the group is reported timely after the date they move in and if it is reported untimely.

A10: Operations Memo 98-58 addresses the FS person add policy. Supplement back to the first of the month of the date of report OR the first of the month the change occurs, whichever is later. This is regardless of whether the report is timely or not.

Example: Baby born 7/5, reported 7/10. Supplement from 7/1.

Example: Baby born 7/5, reported 7/25. Supplement from 7/1.

Example: Baby born 7/5, reported 8/2. Supplement to 8/1.

Example: Person reports 6/25 that her son is moving back into the home 7/1. Supplement from 7/1.

Q11: Is it policy, or is it just allowable, to supplement for the month of a change in income at the agency's discretion. If a drop in income is reported in a month, we enter it for the next month. Can we supplement for the current month?

A11: The agency MAY supplement in hardship cases if the change results in a decrease in income of $50 or more per month. Re-evaluate the estimate of income for the entire month and issue the supplement from the 1st of the month.

Q12: A question was raised about what dollar amount of child support to use if the payer is regularly paying more than the court ordered amount. One trainer in the audience stated that she had been directed to use only the court ordered amount in this case, not the actual payment. Can you give any information about this situation?

A12: See FSHB, Appendix 12.2.11.1 This covers back child support, which is paid on a regular basis. You count whatever child support is being paid, not just what the court ordered, especially when it is consistent and regular, and document why you counted the amount that you did.

Q13: Please give as much guidance as you can regarding what a worker should do about seeking verification of an increase in wages. In such cases, usually the only verification will be the employer. Agencies want to know how much they should be contacting an employer for this kind of verification. Is it really necessary?

A13: The client is responsible for providing verification of an increase in wages. The worker is required to enter the new income amount into CARES with a "?" in the verification field and run SFED to generate a 10-day request for verification. If the income is over the income limit the case will close, otherwise CARES will continue to generate benefits with the last confirmed data. When verification is received, enter the correct verification code in place of the "?" and run SFED. If verification is not received within ten days the worker will receive an alert and is required to put a NV code into CARES and run SFED. The verification could include an employment form, pay stubs, letter from the employer, etc. If the increase is less than $80 it is not required to be reported. However, if a change is reported it must be entered.

Q14: The IMM says we only verify shelter and utility expenses at application and change. The FSHB says at review. When do we have to verify shelter and utility expenses?

A14: Verify at application, and review when changes are reported, or when a group moves or reports a change. Please refer to FSHB, Appendix 16.8.3 (utilities) and 16.8.6 (telephone).

Remember to ask at review if the shelter and utility expenses have changed.

Q15: In a combination Waiver/FS case, would remedial expenses be put on AFME as a medical expense?

A15: Yes, in fact if it weren't entered, it would create a QA error. Medical expenses verified for the MA program are also verified for the FS determination (FSHB, Appendix 16.4.4).

Q16: Should Caretaker Supplement (C-supp) payments be prospectively budgeted at application, even though it has not been received?

A16: If it has been authorized and the begin date can be verified, it would be budgetable. This payment is authorized by the local agency case manager. It would no longer be uncertain. If the case manager confirmed that the payment would be on the first of the next month, that would be the best available information. Document the contact.

Q17: Page 58 says if amount or frequency of income is uncertain, do not count it. Page 66, irregular income, says to count the income for the month it is expected to be received.

A17: If a client receives quarterly annuity payments and the amount varies due to the interest levels, this is an example of when to use the fluctuating income policy. Use an average of past payments received to prospectively budget.

If there is a payment made occasionally on stock dividends, and it is only paid when the stocks go over a certain amount, this would be both frequency and amount that are uncertain - not a regular quarterly, semi- or annual payment. Do not prospectively budget this income. Document on CMCC.

For irregular income from a temporary agency, where a person gets called once every two months for a couple days, this income could also be considered uncertain as to amount and frequency. It would not be "expected" for each month of a certification period.
The best coverage for the agency if they do or do not budget, is to document a logical reason why. Income should be budgeted if it is consistent and predictable.

Q18: Also, in regard to fluctuating and irregular income, are there any set tolerance levels? What if client gets LARGE amounts of irregular/fluctuating income?

A18: Can it be anticipated? If it's really irregular, how can the agency anticipate that the client will receive it, and how much? If they don't budget it, document the reasoning and the decision can be supported based on the regulations regarding amount and payment date being uncertain.

Q19: RE: Medical expenses; what if a disabled individual has an insurance policy that now (since they became disabled) pays for their mortgage, is it still an allowable expense? They are still "obligated" to pay it.

A19: Once the insurance company pays the expense, the obligation is met. The client has no expense. This would not be an allowed shelter expense for QA. This is no different than a medical expense that is covered by health insurance. The client is still obligated to the provider of the service, but they don't have to pay it out of their income. (This is in the 310, Section 1112: Expenses paid by vendor payment. When vendor payments are excluded from income, the household is not allowed a deduction for the expenses covered by the vendor payments.)

Q20: If new income or increased income is reported and it is obviously over the income limit, does the worker wait for verification of the income before entry into CARES or just enter the reported income amount without verification? The IMM, Chapter 1, Part C, 9.1.1 states “If income is obviously over the allowable limits, don’t verify.”

A20: The worker would enter the income with the question mark, run SFED and the case would close without requesting verification.

Q21: What amount do we use toward the dependent care deduction when there is a subsidy? Do we use what they are actually paying after the subsidy or do we use the dollar amount for the copay chart from the CCDM, Release 98-02?

A21: The worker is required to obtain the verification of the actual amount the participant is paying to the provider. If the participant is not paying the provider, do not allow the deduction. See FSHB, 16.6.0.

Q22: Expedited FS. Policy states that only identity needs to be verified. If the client reports income, but does not have verification, does the worker enter the estimated income amount for the initial months' benefits or enter $0 income because of no verification of the income amount?

A22: Reasonable efforts must be made to verify income, residency, assets, and other required factors. Otherwise use the best available information, which may be the client's statement.

Q23: A change in assets is reported to the worker. They are over the asset limit. Operations Memo 97-113 and the FS Error Reduction packet state that assets must be verified. Does the worker wait for the verification before entering the asset in CARES or just enter the reported amount without verification? IMM, Chapter 1, Part C, 9.3.1 states "If reported assets exceed the asset limit, don't pursue verification." What is the correct policy?

A23: Enter Assets with a question mark and run SFED. CARES will close if over the limit - no verification needed.

Q24: IEVS matches. The W-2 agency is not the county agency. Who gets the matches and who is supposed to do the disposition?

A24: The security built into CARES prior to W-2 limited access to the matches to the case-worker or his/her supervisor. With W-2 in place, that security continued to limit the access to the SSP, although we know that in many cases both the FEP and SSP need access, or maybe just the FEP. We have a PPR in place to expand access to the matches to both the SSP and the FEP, but currently we are using the old process. The SSP can and should share the IEVS match data with the FEP, if the FEP needs to take action on the match. The same security and confidentiality requirements that apply to the SSP also apply to the FEP.

Q25: Old matches that were not completed. This seems to be a security issue. Workers are saying that if the case previously belonged to another worker or from another county, the current worker can not access them to complete them. What should they do with these?

A25: It is crucial that when the worker transfers a case that they also use the "A" code to transfer the alerts along with the case.

Q26: AFMQ - Does the client have any medical expenses from the last 4 months? This question does not ask if the bill is paid or unpaid. Page 77 of the packet states that medical charges incurred (not yet paid) can be used. Can the wording on this question be changed to ask if the bill is paid or unpaid?

A26: Paid bills can be entered if paid during the eligibility period. If the bills are paid or incurred they can both be entered on AFME. Wording probably will not be changed, because it is not a priority for CARES fixes. MA can be backdated, so that the past three months will be part of the eligibility period.

Q27: A question of denying on the 11th day or the 31st day, whichever is later. A lead worker brought me a copy of a negative action training that was done in August, 1991. The packet states that the case should be denied on the 10th day or the 30th day, if verification is not received by the worker. The packet also states that if the 10th day or the 30th day fall on a weekend or a holiday, the worker should deny the case on the last working day before the weekend or the holiday. Which time frame is correct?

A27: The difference may just be in the wording. IMM states 30 days/10 days, however, the first day is the day after the CAF is signed/request for verification is made.

EXAMPLE: Client reports change 7/2. Worker gives until 7/12 to provide verification. This is actually 11 days. The full time period must be given for the client to provide verification. If the 30th day falls on a weekend or holiday, the worker must wait until the following workday to deny the application.

Q28: Where are the instructions on using the "211" code for non-cooperation with child support? Workers have not seen anything on an Operations Memo or DXBM or the Handbook?

A28: If a participant is not cooperating with child support the worker should enter "N" to the "cooperating with CS" questions on APNC and CARES will in turn close the individual eligibility for the non-cooperating parent for FS. Overrides are no longer required.

Non-custodial parents must still be manually overridden on SFCC.

Q29: Is court ordered dependent care an allowable expense deduction for FS? Where should it be entered into CARES?

A29: Yes, court ordered dependent care is an allowable expense if it is legally obligated and if it is actually paid by the absent parent. It should be entered as child support on AFSP.

Q30: Assets for the FS. If the client doesn't verify the asset and the worker enters "NV", it will close all programs, including W-2. The W-2 policy states that workers do not need to reverify assets until review. Will it be an error if the W-2 case closes?

A30: A worker must act on all changes a client reports. If the worker acts properly on the reported change it will not be in error for any program.

Q31: Self-employment that is seasonal. Does the worker average the income from the tax returns over the entire year? What about the hours? If the worker averages the hours, the person is FSET mandatory. But in the summer, the client states that she is working 32 hours a week and shouldn't have to report to FSET. The client works at a summer resort that is only open seasonal.

A31: Please refer to FSHB Release 98-04, 12.3.6 FS should be averaged over the period it is intended to cover and work hours should be averaged over that same time period.

Q32: Page 49 of the statewide error reduction training, elderly and disabled unable to purchase and prepare, can be separate food unit if total gross income of others in HH is under 165% of poverty, does CARES know this/do this correctly?

A32: Yes, CARES is programmed to do this calculation. If you notice a problem with CARES calculating this correctly please refer to the DES help desk.

Q33: Unreported income. What amount does the worker use to calculate the overpayment the actual income received or the amount times the formula for prospective (4.3, 2.15, 2, 1)?

A33: The actual amount should be used when calculating overpayments. This may conflict with the error found by QC, but an overpayment is the income already earned, and fair hearing officers also use the actual income received.

Q34: Person add on policy that begins the first of the month. What if the individual was already on another AG? CARES will not allow you to add them to the new group. Is this correct or do we supplement? The old policy said you were in the home until the end of the month but that was pulled when we removed chapter IV of the IMM. What is correct procedure?

A34: This is correct. A person may never collect FS on 2 cases during a month, unless they are residing in a shelter for battered women.

Q35: What is the correct policy on income received less often than monthly? When does the prospective budgeting begin?

For example: AG receives interest payments every quarter. They are regular and predictable. Their next payment is due in September, they are applying today. Do you prorate it by the number of months it covers now? Or since it will not be received within 31days do you wait until it is received and then prorate?

A35: Prorate by the number of months it is covered.

Q36: The issue of prorated shelter is still out there be it with ineligibles or shared shelter. Under AFDC all group members were considered to be contributing and CARES automatically calculated the shelter and utilities appropriately. Since W-2 CARES does not count all W-2 group members as contributing, in fact it does not even go in that direction. What is the correct policy, is a W-2 person considered to be contributing to shelter costs, is the entire W-2 group considered to be contributing or is only those persons actually contributing to the shelter costs considered?

A36: Only those persons who actually contribute to the group's shelter cost should be included. Sometime you may have to decide who is contributing an unknown amount.

Q37: Will CARES deem expenses correctly from a sanctioned individual?

For example, Mom is paying CS to a non-household member. She is sanctioned. Will the deduction be allowed without adjusting individual screens or any other worker adjustments?

A37: Yes, CARES is deeming expenses correctly from sanctioned individuals, as far as we know. If you have a case that is not correctly budgeted in CARES please call the DES Call Center immediately.

Q38: A person is coded as a "16" on ANLA (out of the home - hospitalization). They return home. When should she be restored to the FS group?

The day of report?
The first of the month?
The date she requests FS verified by the discharge summary?

This is usually an interim assistance case, awaiting a SSI decision.

A38: A person out of the home for hospitalization should have never been out of the FS group, refer to FSHB 9.3.0. If a household member is out of the house for any other reason, you should restore the member back into the household the first day of the month that they are reported back in the home.

Q39: Page 14, example B. Case closes at AA for lack of review effective 6/30/98, even if pending verification. This is what CARES does.

A39: If the worker is doing a review and correctly keys ASER the case should be in review mode and the dcase should not close for lack of review. If this is happening, please inform the DES Call Center immediately.

Q40: Pages 46-50:

What if HH is:
Parent is age 50 and working
Adult child age 20 on SSI
Grandchild age 2, adult child has custody.

Can the adult child and grandchild be separate due to disability of adult child?

What if parent is legal guardian of adult child on a court order due to cognitive disability?

A40: Please refer to FSHB release 98-04, and household composition section Appendix 1.2.2 and 1.2.2.1

Q41: Page 66. Daily temp service. Client may show up at 6:00 AM daily, and they may or may not work. Client is paid the same day if they work. The worker never knows if they will work on any given day. Should the income be counted?

A41: A temporary agency is considered fluctuating income. Therefore, we should use the fluctuating income policy. The worker needs to contact the employer and estimate hours to be worked and wage status with the temporary agency.

Q42: Case Scenario: Case open for MA, request for FS. There is verification due for the open case within 10 days. Since the FS is a new request, verification is due w/30 day require-ment. Is there any special way to code cases so one program will close but the other will remain pending?

A42: They must be given 30 days to verify for both programs.

Q43: Person Add. Workers are telling me that the verification checklist comes up with 10 days and the training packet says the client should be given 30 days.

A43: The client must be given 30 days to verify a person add.

Q44: Vehicles with joint ownership: Case: Ex-spouse has vehicle in another state, applicant has no access to this vehicle. Do the workers enter this vehicle and indicate that it is not available or can they just ignore it and make case comments?

A44: The worker must enter the vehicle and state the non-availability.

Q45: Child Support as a deduction: A worker asked if they can allow the $3.00 fee that is taken out of a person's paycheck as part of the child support deduction? It is court ordered (allowed)?

A45: Yes, the worker may allow the fee; it is both court ordered and paid.

Q46: On page 93 it is indicated that workers can deduct the legally obligated payments for health insurance, does that mean that workers could deduct health insurance premiums that a person would pay on behalf of others not in his/her household. Could this mean it's also health insurance that covers the current household as well as other children?

A46: The worker can deduct health insurance premiums that are court ordered and only the portion paid on behalf of the child the order is for.

Q47: The addendum to the application given at application and review states that "any change in income" must be reported within 10 days for W-2, Child Care and Medical Assistance. The FS reporting requirement states they must report an increase or decrease of $80.00 of earned income, an increase or decrease of $25.00 of unearned income or any change in the source of income. Is this correct? If so, how are these changes processed if the case is open for FS and at least one of the other programs?

A47: A worker is required to enter and verify **all** reported changes. If a client reports a change, you must verify and enter all information regarding the change, regardless of whether the change needed to be reported or not.

Q48: Household consisting of 1 parent over the age of 60, one parent under the age of 60 and a 30 year old son. Is the son pulled into the food unit by the under 60 year old parent or does the fact that one parent is over 60 allow the son to claim separate food status?

A48: Please refer to FSHK Release 98-04, Appendix 1.2

Q49: If someone begins a new job in July and will receive their first paycheck in August, when should this be reported? Within 10 days of the employment? Or within 10 days of the first check? If they were to report within 10 days of the employment, when would we first budget the income?

A49: The client should report within 10 days of employment.

> **Example**: Tom started a job on July 10; he reported this employment on July 20. The first time to budget income from this employment would be September. This would not be considered an overpayment for August.

Q50: Review due in July, started in late July, completed in August. CARES is setting the new review date three months from the completion date instead of three months from review month? Is this correct?

A50: Yes, CARES is supposed to set the date from the completion date. Please refer to FSHB 21.1.0

Q51: What can we do if someone refuses to apply for unemployment compensation or any other type of income that they may be entitled to?

A51: If someone refuses to apply for unemployment compensation or any other income we cannot do anything for food stamps. This has never been a food stamp policy, but it is a W-2 policy.

Q52: Why are 3 month reviews mandatory on fixed income cases with children in household? CARES is not programmed this way.

A52: Please follow CARES as programmed. Refer to FSHB 21.2.5

Q53: Are hours of employment prospectively calculated using the 4.3 or 2.15 etc. calculation? If so, this can cause a problem with FSET exemptions when they should be mandatory. Example: 29 hours per month x 4.3 = 124 gives an exemption. 29 hours per month x 4 = 116 which makes them mandatory.

A53: When determining FSET hours please budget hours the same way you budgeted income with the prospective budgeting policy using 4.3 or 2.15, etc. The hours should be consistent with the rate of pay. FSET hours follow prospective budgeting.

Q54: Do all adult household members have to cooperate with child support even if they are not the custodial parent?

Example: Mom, Stepfather and Mom's child. Mom is not compliant and is removed from the food stamp group. Does Stepfather have to comply in order to remain eligible?

A54: If a client is exercising parental control, they must comply with child support per 10.0.0. However, the child support agency determines non-cooperation and only the primary caretaker is referred to child support agency.

Q55: If a non custodial parent that is not cooperating with child support in another state and a bench warrant has been issued for them for not appearing in court, applies for food stamps, are they eligible?

A55: No, the client is not eligible. A child support agency has already made a determination that they were not cooperating and the worker must do a manual override on SFCC and use the 211 code on the correct adult.

Q56: How are referrals made to the child support agency for non-custodial parents? CARES only goes to the absent parent screens if there is an absent parent for a child in the home. What proof do we need to show non-cooperation?

A56: The worker must make a manual request to the child support agency to find out what the non-custodial parent's cooperation status is.

Q57: Case Example: Mom and Dad divorced, Dad ordered to pay child support for the child. Now Mom and Dad move in together but do not remarry. Dad is still paying court ordered support; Mom is receiving the payment. Is the support paid out a deduction if the child is in the same household? Is the support received by Mom income?

A57: Yes, the child support would be a deduction and it is also income for the mother so all entries, both the deduction and the income, must be entered into CARES.